Entry Blank—Please Type or Print Edupo

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|---|--|
| Ms./Artist JEFF | = KOSLOW |
| Permanent 4/12 E | ARL AVE., KEN |
| OH 44240 | Daytime Tel. (214) 673-48 |
| Zip | area |
| Temporary or Studio Address | |
| Studio Address | Street City |
| | Daytime Tel. () |
| Zip | area |
| If you do not presently live in one Reserve, in which county were you | |
| Collaborator (if any) | |
| Street | |
| City State | e Zip |
| Consist Instructions | |
| Special instructions | |
| Special Instructions Entry Blank must be completed in be accepted. | n full and signed; forms received unsigned will |
| Entry Blank must be completed in be accepted. | n full and signed; forms received unsigned will ons or a drawing for assembling and displaying |
| Entry Blank must be completed in be accepted. When necessary, include instruction an object. Note carefully the dates for both of that the Museum shall dispose for | |
| Entry Blank must be completed in be accepted. When necessary, include instruction an object. Note carefully the dates for both of that the Museum shall dispose for the dates given herein. It is also us exhibition until August 6, 1989. | delivery and return of objects. It is understood r its own account any objects not picked up by understood that accepted objects will remain or construed as an acceptance by the artist of all |
| Entry Blank must be completed in be accepted. When necessary, include instruction an object. Note carefully the dates for both of that the Museum shall dispose for the dates given herein. It is also us exhibition until August 6, 1989. The submission of objects will be described in the submission of objects will be described. | delivery and return of objects. It is understood r its own account any objects not picked up by understood that accepted objects will remain or construed as an acceptance by the artist of all ein. |

Signature

Detach entire portion along dotted line and submit with slides, but retain tags

Entry Blanks

| A Pain | | aphics afts | Photog (sp | graphy pecify category) |
|--|--|---------------------|------------------------------------|----------------------------|
| Materials used (media | m ASA | 100 | gri | int |
| Title Ins | signia | | | |
| Price or NFS 4 125 | Insurance Value if NFS Only | | Size 16'/4'X / height x widt | 1234 x 3/4 th x depth |
| | GRAPHICS AND PHO | TOGRAPH | Y ONLY | |
| Additional No. For Sale | Total No. in Edition | Price of Unframe | | Price of Frame Only |
| ACCEPTED | DO NOT WRITE II | N THIS SI | ECTION | ACCEPTED |
| NOT ACCEPTED - | 2 7/4 | eb_ | ph! | NOT ACCEPTED |
| | | | | |
| B Paint | 3 | aphics afts | Rhotog (sp | graphy pecify category) |
| Materials used (media | oture | efts lar | | |
| Materials used (media | oture Cra | lar 100 | | |
| Materials used (media | oture Cra on ASA | lar 100 | pre | pecify category) |
| Materials used (media 35 m Title Octo | oture Cra on ASA Serlight Insurance Value | lar 100 | Size //4 + height x wid | pecify category) |
| Materials used (media 35 m Title Octo | oture Cra on ASA Serlight Insurance Value If NFS Only | lar 100 | Size //4 x height x wid | pecify category) |

TELEPHONE AND TELEGRAPH INFORMATION

| NAME QUE Brown DATE QUE 4 |
|-----------------------------|
| PERSONAL BUSINESS |
| TELEGRAM LONG DISTANCE CALL |
| TO Kent OH |
| PHONE NUMBER 1-673-4895 |
| PARTY CALLED JEff Koslow |
| OPERATOR NUMBER |
| CHARGES \$ |
| DISTRIBUTION |
| REMARKS: May Allow |
| |
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